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CLINICAL RECORDS AND POST-MORTEM ILLUSTRATIONS OF TYPHUS OR SHIP FEVER.

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[Communicated for the Boston Med. and Surg. Journal.—Continued from page 497.]

CASE III.—George Ames, 48 years of age, of strong frame and plethoric habit, formerly addicted to intemperance, has been for several years an occupant in the House of Industry. For two or three years past he has officiated as nurse in the various wards connected with the hospital. His general health is good; he has a resolute will and strong powers of endurance. Since the first of May, he has had charge of one of the principal fever wards of the hospital.

On Sunday, June 20th, experienced feelings of languor and uneasiness—general soreness of muscles—loss of appetite—dull pain in head, back and joints, with considerable prostration of strength. The following day these symptoms increased in severity, but he made no complaint, and kept about attending to his usual duties in the ward. On the 22d, at the hour of visit, his condition attracted observation, and he was directed to keep his bed. He had taken that morning, on his own responsibility, two ounces of a mixture containing equal parts of tincture of rhubarb and castor oil, which had the effect of producing several abundant, dark-yellowish, fecal discharges;—his tongue was slightly coated—pulse good. He still persisted in attempting his customary occupations. Towards evening he had an aggravation of all the preceding symptoms, with nausea, retching and occasional chills, followed by intense heat.

On the 23d, symptoms still continued. He had intense cephalalgia—a dull and inexpressive face—suffused eyes—full and laboring pulse. Directed an emetic of ipecac., 3 ss.—liq. acet. ammon.—light farinaceous diet.

The day following there was increasing prostration—constant and harassing pain in head, back and limbs—hot skin, thirst, restlessness, considerable nausea and uneasiness in the stomach. Towards evening on the 25th the headache and pain in the back sensibly abated—there was dizziness, increasing apathy, and some confusion of the intellect. He had been sponged and had taken mild diaphoretics, cool and acidulated drinks, and Dover's powder or morphia in minute doses at night.

26th.—Sixth day of fever. Complains of great weakness—expression

of much apathy—eyes suffused—cheeks flushed—tongue covered posteriorly with thick yellowish coat, clean at sides and tip, moist—fœtor of breath—breathing somewhat irregular—some nausea—skin rather dry, not much above standard temperature—abdomen full and soft—no appetite—much thirst for acid drinks—pulse a little more frequent than natural, of moderate strength and volume, regular—one dejection this morning, dark, liquid and offensive—mind dull, but patient is easily roused, and then answers questions readily. Efferves. mixt.—weak lemonade—gruel—morphia, gr. 1-8, nocte.

27th.—Seventh day. Slept but little—complains of no pain—increased prostration—countenance dull—eyes much suffused, conjunctiva slightly injected, some dimness of vision—tongue has dark yellow coat on centre and base, red at edges and tip—breathing more frequent—skin intensely hot, but moist—hue of surface a little darker than natural. Sides of abdomen and chest present an indistinct mottled appearance (the faint *roseate* congestion before alluded to), by attention to which the approach of the characteristic eruption may be predicted with certainty; the same appearance more obscurely seen on shoulders and thighs—abdomen soft, natural—urine free and high colored—three dejections, dark, slimy, fœtid—pulse 90, moderately full, soft, compressible. Directed cold or tepid sponging, as most agreeable—neutral mixture—spts. Mindereri, ʒ ss. q. 4th horâ—sulph. morph., gr. 1-8, nocte.

8th day.—Slept but little during the night—general appearance of prostration—decubitus mostly on back—lies low in bed—eyes as yesterday—face flushed and dull—tongue more coated, inclining to brown—pulse a little more frequent, more compressible—some cough, attended with soreness—skin rather dry, heat as yesterday.—Spots begin to appear on abdomen and chest, of florid hue, vanish under the finger—urine scanty and very dark—one dejection, dark and slimy. On grasping the patient's wrist he invariably withdraws his hand, and glides it slowly and to appearance unintentionally upward as far as the neck—answers questions with difficulty and hesitation. Sponge trunk and arms with tepid water—mucilaginous drinks—in other respects continue treatment as yesterday.

9th.—Passed an unquiet and restless night—general appearance as yesterday—much apathy and stupor—conjunctiva much reddened and injected—cheeks assume a dusky hue—tongue uniformly covered with a foul yellowish-brown coat—respiration hurried—skin rather dry, less hot, emits a strong offensive odor—pulse laboring, compressible. Eruption appearing thickly on abdomen and chest, in the form of dusky red, irregular maculæ, isolated and in clusters, varying in size from one quarter of a line to a line and a half or two lines in diameter; these spots seem mostly buried in the substance of the skin, and vanish under firm pressure—intermingled are a few measles-like eruptions of florid hue, which give a sensation of elevation as the finger is passed lightly over them. The spots also appear, though less vividly, on the shoulders, loins and thighs—abdomen natural—urine high colored and clear—three stools. Bland, farinaceous diet given regularly in small quantities—tepid spong-

ing of arms and trunk—liq. acet. ammon. R. Vin. puri, sol. sulph. quiniæ, ʒ ss. every 4th hour—morphia in minute doses at night.

10th—Took gr. 1-8 morphia—slept considerably after midnight—increased prostration—decubitus mostly dorsal—tendency to slip down in bed—delirious at intervals, manifested by low muttering—no pain complained of—face of leaden hue, dull and stupid—eyes as yesterday; tongue has a dark-brown stripe in middle, flanked by moist yellow fur; red at edges and tip, protruded with difficulty—breathing irregular, quicker—some cough—chest natural on percussion in front, decidedly dull over whole back, more manifest inferiorly—but little heat or dryness of surface, general sensitiveness—slight tenderness at epigastrium—abdomen full and soft, free from tympanitis, tenderness or pain. Spots more developed, more numerous, seen on abdomen, chest, extremities and back—pulse 100, of moderate volume, less compressible—urine as yesterday—two stools, character as yesterday—some subsultus among tendons of wrists and fingers. Blisters to nape of neck and sinapisms to calves of legs—porter in small quantities. In other respects same treatment as yesterday.

11th, 10, A. M.—Has slept constantly since midnight, having taken previously from 1-8 to 1-4 gr. morphia in divided doses—increased prostration—decubitus as yesterday—no pain complained of—constant incoherent moaning—no decided delirium—countenance as yesterday—eyes much suffused and injected—tongue protruded with difficulty, covered uniformly with a thick, dark yellowish coat, red on edges—no sordes on teeth or lips—breathing 40, short and laborious—cough less—percussion dull on back, somewhat so on sides inferiorly—slight tenderness at epigastrium—abdomen soft, no pain or tenderness on pressure—general surface of body sensitive, of darker hue than natural—spots more distinct, larger, darker in hue, more apparent on extremities—urine very high colored and passed involuntarily, as are also the stools, which are more liquid and lighter—no appetite—much thirst—pulse 104, very weak, small, compressible, regular—subsultus rather more marked than yesterday, confined to tendons of extremities—stupor great, but not amounting to coma—comprehends questions when roused, but answers with hesitation. Sinapisms to epigastrium, inside of thighs and feet—discontinue the porter—pure wine and beef-tea—omit morphia at night.

12th.—No sleep last night, moaned constantly—much restlessness and jactitation. This morning there is a general appearance of increased prostration—patient sinks down in bed—increased stupor—can still be roused to answer intelligently when repeatedly spoken to—has no pain—face still more dusky—capillary circulation feeble—eyes as yesterday—tongue the same—breathing 42, short, irregular and laborious—some cough—very slight dullness on percussion observed anteriorly and inferiorly, on sides and back rather more marked; bronchial mucous râles—abdomen natural—spots more petechial—urine and feces passed involuntarily—no appetite—thirst less urgent—pulse 110, very feeble and compressible, somewhat irregular. Same treatment—wine more often—morphia nocte, 1-16 gr. repeated in an hour, s. o. s. 8, P. M.—Coun-

tenance more expressive of stupor and prostration—decubitus on side—breathing short and laborious—saliva dribbles from mouth—pulse rapid and feeble.

13th.—Took 1-8 gr. morphia—Slept a little during the night—decubitus dorsal—slips down in bed—face of livid hue—eyes greatly injected—tongue protruded with difficulty, and slowly withdrawn, its coat darker and harder—some cough—epigastric tenderness—abdomen soft and full. No tenderness or pain—skin very hot, rather dry—breathing more laborious, hurried—pulse 112, very feeble and compressible, irregular and intermittent—no appetite—intense thirst—spots livid—urine and stools passed involuntarily—subsultus as yesterday—decided coma—intelligence much confused, answers incoherently.

R. Vin. puri., $\frac{3}{4}$ ss.; sulph. quina, gr. j.; ioidid. potass., gr. ij. M. Take every two hours. Beef-tea—toast water—liq. acet. ammon., p. r. n.

14th.—Took 1-8 gr. morphia at 8 last night—slept for an hour or two soon after—prostration very great—decubitus constantly dorsal—stupor increased, the patient can still be roused to intelligence—face of a dull ashen hue—eyes continue injected—tongue protruded with difficulty, and not withdrawn till requested; its coat more foul, browner—respiration laborious, sighing—coughs less, apparently from inability—moans constantly—skin cooler—abdomen natural—spots livid, coalescing—intense thirst—slight subsultus—pulse 128, soft, compressible, feeble, regular—stools and urine involuntary. Continue treatment of yesterday—flying blisters.

15th, 12 o'clock.—Took 1-8 gr. morphia at 8 last evening, which was repeated at 10—slept from midnight till 7, A. M.—Nurse reports patient to have passed a more quiet and better night than heretofore—this morning expressed himself as feeling much better, and asked to sit up. On being raised up by his attendant, he fainted; has since made several efforts to speak, but failed to make himself understood—general appearance of extreme prostration—decubitus constantly dorsal—stupor great, but is more easily roused than yesterday—articulates very indistinctly—face of more ashen hue—eyes more injected and darker—tongue protruded with less difficulty, very tremulous, returned more readily, its coat more dark and foul, livid at tip and edges—breathing more laborious, interrupted, irregular—but little cough—abdomen natural—skin fuliginous—spots disappearing—no thirst—slight subsultus around the mouth—less coma than yesterday—pulse 140, weak, very compressible, more regular. Continue the mixture every second hour—warmth to feet—flying blisters—efferves. mixt. and beef-tea, p. r. n.

16th.—Since 2 o'clock, A. M., has drowsed a little—general appearance worse—patient understands readily, but is unable to articulate—eyes more injected—tongue protruded with difficulty, very tremulous, swollen, fissured, covered with a hard, dry, yellowish-brown coat, livid at edges and tip—coughs very little—mucous râle distinct over whole chest anteriorly—breathing 50, short, laborious, interrupted—skin moderately hot, dusky—abdomen natural—subsultus continues—urine high

colored—stools dark, liquid, very offensive, passed involuntarily—strong and peculiar odor emanates from whole body—pulse 136, feeble, tremulous, rather less compressible. Continue treatment—stimulants more frequently—brandy—sinapisms to epigastrium and inside of arms and thighs.

17th.—Took 3-8 grain of morphia—got three or four hours of disturbed sleep during the night—general appearance much as yesterday—tongue more dry and hard, tremulous, swollen—breathing 50, character as yesterday—abdomen full and soft, no tympanitis, pain or tenderness—skin moderately hot, emits a strong, offensive odor—spots fainter—subsultus increased—pulse 128, feeble and tremulous—urine scanty, very high colored, offensive;—asked for vessel this morning—stools scanty, dark yellow, very fœtid—decubitus on back—lies low in bed—stupor still increased, but no marked delirium—patient can be roused with great difficulty, and immediately relapses. Continue active stimulant and revulsive medicines.

July 8th, 18th day, 11, A. M.—In articulo mortis—last evening at 8, signified a wish to be raised up; had at that time a very dark, liquid, offensive stool—has been unable to articulate or to swallow since midnight—insensible to external impressions. Died at 2, P. M.

Autopsy, 20 hours after Death.—Subject well developed—very muscular—no emaciation—moderate rigidity—considerable discoloration of posterior portions of the body, the skin of those parts presenting a livid hue—a few petechiæ observed the same as before death—chest full and capacious—abdomen soft—no unusual distention.

Head.—Dura mater has on its external surface a considerable amount of dark blood collected in the form of irregular globules—the membrane itself natural. Arachnoid transparent; its cavity contains an ounce of limpid serum, appearing as seen through the membrane like jelly in the channels on the surface beneath; veins of pia mater moderately filled with dark blood—no adhesions of the membranes to the surface. Cortical substance of the brain firm, of a pale ash color, its medullary portion also normal in color and consistence; numerous points of black blood exude from its cut surface—lateral ventricles contain each about a drachm and a half of pure serum—venous congestion remarkably shown on lower aspect of cerebellum—fluid in sub-arachnoidean space very abundant, distending the membrane at base of brain and commencement of spinal cord.

Neck.—Lining membrane of trachea somewhat reddened; in other respects nothing worthy of remark.

Thorax.—No adhesions of lungs to ribs. Cavity of pleura contains only its usual amount of serum. Pulmonary tissue mostly firm and crepitating on pressure—the lower and posterior portions of both lungs condensed and somewhat engorged, nearly impermeable to air. At apex of right lung is found an old cicatrix, and around a few chalky concretions, the lower and posterior margin of same lung splenitized—bronchia engorged with reddish mucus. Pericardium normal, contains its usual amount of serum. Heart slightly enlarged, its parietes flabby and

soft, no marked injection of internal lining membrane—valves normal—soft greenish coagula of lymph found in right cavities—left ventricle contains a small quantity of blood—the blood in aorta dark, thin and oily.

Abdomen.—A layer of fat three fourths of an inch in thickness under the skin. Liver of natural size, very pale externally, its texture not disorganized; vessels filled with black, dissolved blood. Gall-bladder full but not distended. Spleen natural in size, bluish-black color, its texture somewhat softened, filled with black fluid blood. Kidneys normal. Omentum loaded with fat. Stomach of moderate size; mucous membrane in its cardiac half paler than usual, presents a pinkish tinge at pyloric extremity; the membrane seems somewhat softened around the cardiac orifice, yielding strips of only a line or two in length; in other respects presents nothing remarkable. Mesenteric glands small and firm. **Intestines.**—Externally some slight discoloration at lower portions of ileum; along the line of attachment of the mesentery veins are manifest, moderately congested with dark blood; internally mucous membrane of small intestines natural throughout its whole extent. About eight inches from ileo-cæcal valve is a spot two and a half inches in length by an inch in breadth, of uniform congestion, an ecchymosis, apparently, of the sub-mucous cellular tissue; internal surface otherwise natural—follicles of Brunner and solitary glands not developed—Peyer's patches normal, seen with difficulty—colon contains a moderate quantity of fecal matter, its mucous lining normal—bladder normal.

CASE IV.—John Salter, aged 45, a strong muscular man, was brought from Ship Washington in quarantine to Deer Island Hospital, in an advanced stage of the fever.

Sunday, Dec. 26, he presented the following symptoms. Extreme prostration and collapse, with cerebral and general nervous disturbance—coma—low muttering delirium—irregular and hurried breathing—universal subsultus—violent contractions of flexor muscles of extremities—inability to speak—tongue protruded with great difficulty, swollen, hard, dry and cracked—teeth loaded with black sordes—pulse 150 and scarcely perceptible—his abdomen was soft and natural to the feel—stools and urine passed under him—the surface of his body emanated an unusually offensive odor, and was covered universally, with the exception of the hands, feet and face, with petechiæ, irregular in form, of large size and livid hue.

Directed warmth to extremities. Sinapisms to epigastrium and inside of arms and legs, blister to nape of neck, wine and brandy freely given.

27th.—No material change. Extremities cold—risus sardonicus. Flannels wrung in hot water to be applied to extremities and head. Flying blisters. Stimulants pushed.

He died the following morning.

Autopsy.—Externally. No emaciation—chest large and full—abdomen soft, natural—no petechiæ. Adeps abundant over chest and abdomen.

Head.—Vessels of dura mater filled with dark blood. Arachnoid natural—a considerable amount of serum effused into its cavity, most

apparent at points corresponding with parietal protuberances, where it appears like thin transparent jelly. Pia mater considerably congested—veins distinct between convolutions of cerebrum; on removing the membrane, whole surface beneath appears somewhat reddened, more at base of anterior and middle lobes. Cortical substance normal in consistence and color—medullary of slight violet hue, firm and natural; when cut, numerous small points of dark blood are seen—lateral ventricles each contain about a drachm of serum—veins on floor of ventricles beautifully distinct. Cerebellum normal. Base of brain and commencement of spinal cord shows nothing remarkable.

Thorax.—Right lung shows old adhesions to the ribs throughout its whole extent—a few traces of tubercle at its apex; its middle and lower lobes much engorged, particularly at posterior portions—inferior third of lower lobe friable, resembling in appearance a softened spleen. Left lung congested in its depending parts, otherwise normal. Bronchial tubes obstructed with frothy mucus. Pericardium natural. Heart large and flabby, its walls a little softened; contains in its cavities a medium quantity of greenish-yellow coagulum. Valves normal. Blood in aorta and large vessels fluid, dark and sily, its clot soft, readily broken down. The internal lining of both arteries and veins exhibits a peculiar *oily* appearance.

Abdomen.—Liver of natural color and size, its structure normal. Gall-bladder distended with a dark tarry fluid. Spleen natural in size, its texture easily broken down by the finger—contents dark, dissolved, grumous. Kidneys normal. Stomach natural externally, contains four ounces of grayish liquid; lining membrane coated with its own secretion, the mucous texture itself normal in consistence, affording strips seven or eight lines in length, its color also for the most part healthy; near the cardiac orifice are seen patches of minute red points in clusters, with some surrounding redness. **Intestines.**—Lower portion of ileum, to the extent of two or three feet from cæcum, is somewhat discolored externally. Veins of mesentery distinct, dark, moderately full. Small intestines contain a medium quantity of thin grayish fluid; mucous membrane, to the extent of two and a half feet from ileo-cæcal valve, is uniformly discolored and slightly congested, with a tendency to softening of its texture—elsewhere, in all its extent, normal in consistence and color. No development of Brunner's glands or isolated follicles. Two or three of Peyer's patches are visible, presenting in a slight degree the *shaven beard* appearance, their mucous membrane being entire and healthy. Large intestine contains fæces of moderate consistence, its lining membrane and follicles natural. Bladder contracted. No alteration of mesenteric glands.

Observations.—In Case III. the characteristic features of the disease, its habits, symptoms and pathological conditions, were well marked. It is an instance of direct contagion occurring in a subject of vigorous health, of fearless disposition and well-tested powers of endurance. The accession of fever was violent. No symptom was engrossing. The morbid agent seemed to expend itself pretty equally on all the more important

organs. There was marked prostration from the outset, and throughout the whole course a tendency to exhaustion of the life force. The duration was eighteen days, longer than the average.

The case of Salter shows well the more violent manifestations of the disease as it presented in those subjects brought into the wards in an advanced stage, and who had previously experienced a combination of privations.

The *post-mortem* developments in the two cases harmonize well. In neither was there any decided lesions of the brain; the presence of dark, dissolved blood in the sinuses and veins, and the slight effusion beneath the arachnoid, are all that arrest the attention. In the thorax the heavy engorgement of the depending portions of the lungs deserves notice. The contents of the abdomen were characterized rather by freedom from any important alteration. What most arrests the attention is the general dark, fluid and peculiar sizzly character of the blood.

[To be continued.]

ON ETHERIZATION IN LABOR.

[Read before the Boston Society for Medical Improvement, Dec. 27th, 1847, by C. G. Putnam, M.D., and communicated for the Boston Med. and Surg. Journal.]

THE cases which form the subject of remark are nineteen in number. I have included no case in which the patient was not, for a longer or shorter period, decidedly under the influence of ether. I watched them with more than ordinary attention, and, as I have reason to believe that the experience of other gentlemen in this place corresponds with my own, the results will aid us in making an estimate of its merits. I have selected a few cases which exemplify the points of most interest.

The first is that of a lady 23 years of age. First gestation. Health robust. Presentation vertex. Length of labor twenty-four hours. The dilatation of the os uteri was attended with unusual distress and nervous agitation. I proposed the use of ether, and she gave it a single imperfect trial. The result was unsatisfactory. It caused nausea and sensations of faintness and confusion in the head, and she preferred to go on without it. The expulsive pains were violent, and towards the close of the labor I again offered it. She happened to be breathing deeply when the sponge was applied, and three or four inspirations were sufficient to give entire relief. The transition from a state of restlessness and agitation to that of ease and repose, was immediate. She retained the sponge for a few minutes longer, when the child was born and she was laid comfortably in bed—the whole process having been accomplished, not indeed without her knowledge, but without scarcely a sensation of inconvenience.

CASE II.—Presentation of nates. A lady, æt. 24, rather below medium size, constitution delicate. First gestation. During the last two months of gestation had anasarca of the lower extremities, accompanied with sensations of great distension of the abdomen. Restless and uncomfortable day and night. She became much reduced in health and spirits. After two or three days of precursory pain, the dilatation of the

os uteri commenced. This stage was exceedingly tedious and irksome. After free dilatation, the presenting part remained at the brim of the pelvis, and thirty-six hours elapsed before it had descended into the cavity. The membranes, up to this time, had fortunately remained unbroken.

The pains, which from the first had been slight, short and insufficient, now made scarcely any impression. It was evident that artificial aid was necessary, and as soon as practicable I succeeded in passing a cord round the thigh. To this a soft well-larded handkerchief was attached and drawn up round the groin. Fifteen grains of ergot were given, gentle traction made during every pain, and in about an hour the child was delivered living. Its weight was nine pounds. The uterus contracted at once, and expelled the placenta, but in a few minutes it relaxed and considerable internal hemorrhage ensued. On removing the coagula, contraction again took place, and there was no further relaxation.

Ether was used sparingly in this case, on account of the deficiency of the pains. Whenever applied, its effects were manifested after inhaling for about a minute, and almost invariably soothed irritability and promoted repose. At the close of the labor it was carried to the extent of partial insensibility.

Notwithstanding the nature of the presentation and the length of the labor, the secretions were abundantly maintained, and there was at no time either heat or dryness. Convalescence was retarded by mammary abscess. The child was healthy.

CASE III.—A lady, 22 years of age. Healthy and strong. First gestation. Presentation vertex. Length of labor, eighteen hours. I was called early, and found the os uteri soft and dilated about half an inch. She had been in pain four hours, and having become uneasy she eagerly made trial of ether. In less than two minutes she became quiet, but not unconscious. At each access of pain she asked for the sponge, and retained it till she was easy. Administered in this manner at the beginning of labor, it was continued at short intervals throughout the first stage, and contributed much to the relief of the wearisome pains of dilatation.

At the commencement of the expulsive stage, I observed that the efforts were suspended, and the process so much retarded by the inhalation, that it was often necessary to withhold it, much to the dissatisfaction of the patient. When, however, the head began to press upon the perineum, the sponge was applied without reserve, and she was unconscious for the half hour preceding and following the birth of the child. The contraction of the uterus was immediate and thorough. The placenta removed at once. The convalescence uninterrupted. The child very healthy.

CASE IV.—A lady, æt. 23. First gestation. Health good. Head presentation. Length of labor, twelve hours. I was not called until the beginning of the expulsive stage. The pains occurred every four or five minutes. They were strong, but not remarkably severe.

After inhaling for two minutes, she passed into a state of pleasant excitement and exhilaration. She was conscious of pain, but "it was so far off" that she did not regard it. "It was no concern of hers." Con-

scious of everything that was passing around her, and of questions addressed to her, she felt at the same time incapable of responding, though she talked with great volubility of herself and her condition. One would have inferred from the apparent consciousness during the pains and the accustomed straining efforts, that she was suffering as much as usual—but on the contrary the close of each "pain" was announced by an extravagant eulogium upon ether and its inventors.

She continued to inhale in this manner for two hours without obvious diminution of the force or frequency of the parturient efforts. Just at the close the sponge was applied assiduously, and, though at no time unconscious, she did not realize the last severe pain. The contraction of the uterus was thorough and immediate. The placenta removed at once. Convalescence perfect.

CASE V.—I have applied the forceps, under full etherization, in three cases. The conditions in all were essentially the same. I will therefore relate only the last, which occurred the present week.

I was called to this case by a medical friend, who informed me that she had been in active labor for thirty-six hours, that the head had descended into the cavity of the pelvis, where it had remained for some hours immovable, though the pains had been constant and strong. Age 30. First gestation.

During the whole labor she had been clamorous for ether, and it had been administered incessantly, though not to the full extent.

During the delivery—a space, perhaps, of half an hour—she was kept almost entirely unconscious. The child, weighing nine pounds, was born living. The uterus contracted well, and the placenta was thrown off at once.

The breath of the child smelt very strongly of ether—more so than in any case that I have met with.

In all of these cases the mother and children did well.

CASE VI.—*Arm presentation.* "Waters" discharged and arm protruded four days. Pains constant.

A professional friend, who asked me to assist him, stated that he had just been called to the case, and found her in the condition above described. He had made an attempt to "turn," but had relinquished it. When I saw her, the pains were strong. The protruded arm livid, but the fetal pulsations were distinct.

After inhaling for two or three minutes, she became furiously excited, and was restrained with considerable difficulty. Repose being essential to the success of the operation, we persisted in the application of the sponge well filled with ether for about six minutes, when she relapsed into a state of utter unconsciousness. I was then able to pass my hand through the os uteri, and reached the feet with very little effort, and without being in the least degree cramped. There was no liquor amnii in the cavity, and the uterus was closely applied to the unequal surfaces of the fetus. A foot was brought down to the os uteri, and a tape looped round the ankle. By drawing upon this with the right hand, and, at the same time, rotating the femur with the left, the arm began to recede, and

the evolution once begun, was readily completed. The child was delivered living; the placenta thrown off, and removed at once. During the whole time of the delivery—a little more than half an hour—she was motionless and unconscious, and yet the child was scarcely washed when she insisted on sitting up in bed to give directions about its dress.

Etherization was here carried to its full extent, and the effects were in the highest degree important and gratifying.

[To be continued.]

A CASE OF NOMA, RESULTING, APPARENTLY, FROM A PHYSICAL CAUSE.

By J. F. Peebles, M.D., Petersburg, Va.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case was a boy, about 12 years old, the son of a poor woman living in the suburbs of the town. He was well grown, of a pallid, although not decidedly cachectic, appearance, and was represented by those who knew him well, to be a sprightly, active child, seldom complaining. The beginning of his disease was a well-marked attack of intermittent fever, prevalent at the time. After several paroxysms, he was given, by his mother, calomel followed by castor oil. The medicine operated well, and being followed by quinine speedily put an end to the complaint. On the sixth day from the time the calomel was given, he complained of his mouth, and was observed to discharge bloody saliva of an extremely offensive odor. Believing him pyralized, he was put under the care of a botanic physician. I saw him five days afterwards. At the left angle of the mouth, a circular spot on the cheek, the size of a twenty-five cent piece, was completely gangrenous. The skin of this part was blackened and shrivelled, and it was depressed from the shrinking of the tissues. There was a perfect line of demarcation, which was indicated by a red border along the sound skin; the adjacent tissues were slightly indurated, though not particularly sensitive to the touch. The teeth on the corresponding side were loosened, the gums sloughing, but beyond the mesial line they were firmly set, and the gums were firm and healthy. It was clear, therefore, that pyralism had not originated the mischief. The boy complained but little, had no fever, was cheerful, disposed to sit up, and ate heartily. The prognosis, however, was unfavorable. A tonic course of treatment was adopted, with stimulant and detergent applications to the diseased part. Not the slightest benefit accrued, the mortification advanced steadily, and eight days from the time of my first visit, I raised without force, with the forceps, the whole of the cheek, and removing the black and shrivelled mass, left exposed the cavity of the mouth. The teeth on the affected side, both above and below, were all gone, and the bones were denuded of periosteum. Even after such frightful progress of the local disease, it was surprising how little constitutional disturbance existed. In this awful condition he called regularly for food, and ate with evident relish. His intellect was clear,

and he never ceased complaining of what he thought was my cruelty in removing his cheek. After this he lingered for more than a week, the mortification in the mean time steadily progressing. At his death it had extended a little beyond the mesial line, whilst in the opposite direction it had reached the angle of the jaws; the malar bones were exposed, and a greater portion of both lips had sloughed away, although only half the nose had been destroyed.

There was something unaccountable in the onset and progress of the case. The apparent local character of the disease, the simultaneous affection of all the structures, bones as well as soft parts, constituted striking peculiarities, and it further differed from most fatal cases of gangrenous sore mouth in children, which usually begin by ulceration only, by making its attack in mortification, which process progressed in cycles, involving, as has been shown, all adjacent structures, at the same time. Twelve hours after death, a careful examination of the body was made.

The organs generally were free from disease. The liver was slightly enlarged, and there was some intumescence of the mesenteric glands. The thoracic viscera, stomach and alimentary canal, all healthy. I next directed my attention to the neighborhood of the local mischief, and began a dissection of the neck at the clavicle of the diseased side. After carefully exposing it, I divided the sterno-cleido-mastoideus, disclosing the tracts of the great bloodvessels of the neck. On either side, and in front of the sheath containing these vessels, I found, tightly packed, two oblong bodies the size of the little finger, which extended from the angle of the jaw to the top of the sternum. It was easy to see that they were strongly compressed upon in this position, for when freed by removing the superimposed matter, they started out and perceptibly expanded. These masses proved to be prolongations from the glands at the angle of the jaw. The glands on that side were indurated and enlarged, and in seeking space for their increased growth, had filled up completely that furnished by the vascular tract along that side of the neck. Obviously, here, was compression upon the carotid nearly the whole of its length. Besides this, the parotid gland was enlarged and indurated. The portion of the gland grasping the external carotid encroached upon its calibre for more than an inch of its way, constricting the vessel to half its ordinary size, and, it being whilst thus involved that they were given out, those branches which water the face and subjacent parts on the diseased side, of course were alike compressed and encroached upon. Their calibre was not only diminished, but the healthy elasticity of the vessels was impaired by the contiguity of the hardened and unyielding gland. This state of things obviously greatly impeded the circulation, and as only those parts watered by the vessels encroached upon were involved in the mortification, the inference is fair that the gangrene of the face in this case was occasioned solely by the physical causes above named.

A prominent objection to this view, which will occur to every one, arises from the fact that the carotids have both been tied without any

such result following the operation. This objection, however, is not so decisive as would seem at first sight. The obstruction to the circulation from ligature is always sudden, and a re-action is speedily induced, favoring the immediate transition of blood through other channels. Moreover, this operation is usually performed in cases in which there is a redundant supply of blood, upwards, manifested by exuberant morbid growths, hemorrhages, &c. Now neither of these conditions appertain in the case under consideration. The supply of blood, never too great to any one tissue, had been enfeebled by a recent attack of illness, and possibly its richness had long been impaired by imperfect nutrition, and the obstruction to the circulation had slowly occurred. The fatality lay in this gradual and steady increase of compression upon the vessels. The circulation never became sufficiently interrupted to startle the vessel on the opposite side to action to supply the deficiency, as is the case from sudden obliteration, yet it gradually approximated a point where death of the structure beyond must ensue. The history and progress of the case, in our estimation, tend likewise towards a confirmation of this view.

It may be furthermore suggested, that this condition of the glands of the neck was but the result of the irritation from the disease of the cheek. But the glands on the opposite side were similarly diseased, although from the different arrangement of the bloodvessels in regard to their enlargement, no pressure was exerted; moreover, their tuberculous condition proved incontestably that their intumescence could not have been of recent origin.

SULPHURIC ETHER AND CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the articles above named are exciting much curious inquiry, and deservedly so; and as owing to the position into which I was urged about a year since in relation to the first of them, being called upon to reply to numerous questions at home, and letters from a distance concerning its use and its singular introduction, and am now applied to in a similar manner to state what I know of the use of chloroform, I am induced to send you the following brief remarks for insertion in your next No.

The chloroform is an article which I have looked for in the last twelve months, with what I might call prophetic hope, and which I am now glad to possess as a substitute for the ether. I have used it in my operations ever since it was to be obtained here, almost every day, and some days three or four times; and always with as full an effect to dissipate the sense of pain as I have ever seen from the ether, and without any, even the *slightest*, unpleasant symptoms.

It is agreeable to inhale, prompt in its action (though not always so much so as ether) and the effects more transient after inhalation is suspended, the patients generally recovering in from five to fifteen minutes, so as to feel as well as they did before taking it. It promises, therefore, at present, to be

as useful in dentistry, as ether has proved to be in general surgery and in thousands of other cases where it has dispelled much suffering. I have generally succeeded with from thirty to sixty drops, and in from one to three minutes, to produce the desired effects.

With regard to the other article, ever since I was able to obtain from good authority an undisguised statement of its nature—that the “compound anodyne gas, the letheon,” was simple sulphuric ether—I have used it whenever I thought it desirable to do so, in all my most severe operations about the mouth and teeth; and also for the extraction of a single tooth, when the patient was unalterably determined to have it administered, excepting in cases where I considered it would be hazardous on account of some disease or infirmity, when I have positively refused to give it for so slight and momentary an operation. And although in a very large proportion of the cases I have seen no materially evil effects, but on the contrary an entire unconsciousness or forgetfulness of suffering; yet I have witnessed results which I should feel unwilling to cause or see repeated, and should feel bound to prevent by all due caution to those who might be influenced by my advice.

I had just and sufficient grounds for publishing my views on this subject a year ago, and I did not hesitate to sign a report relating to the same, which at that time appeared in our Journals with the signatures of eleven others—all respectable dentists of this city; and I am sorry to find that any members of the medical profession who have the means of learning the whole truth in the case should still feel that these cautions were premature—officially urged upon the public, and even erroneous, or based on fears for which there was no foundation.

Such feelings, I *hope* and *believe*, rest with very few; but that they do exist is apparent in the *very courteous* allusion which your Salem correspondent makes, in the last number of this Journal, to what he pleases to designate as “the protests of the self-constituted guardians of the public safety.”

But I can assure the doctor that if he thinks “the doubts of the timid” and “the protests have disappeared,” his so-styled “self-constituted guardians” are at their post, and ready to answer to their sins or errors in this matter, by increasing evidence of the importance and truth of their statements, in recorded cases, such as are still occurring, where the use of ether has caused great suffering for weeks.

They have had no occasion to change their views with regard to etherization in dentistry; but have rather had them confirmed by the experience and conclusions of others. Dr. J. C. Warren, after all his experience and observation, says:—“Operations very short, and not very painful, especially those about the head and neck, are best done without ether.”—(See Dr. W.’s late book on etherization, p. 73.) They have seen no reason to regret the publication of any one statement in their report. They feel now as they felt then, that they simply responded to the calls of duty and humanity.

J. F. FLAGG.

Boston, January 21st, 1848.

ON THE PATHOLOGY OF DIABETES MELLITUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—For the last eight years I have been of the opinion that diabetes mellitus is *primarily* an affection of the brain; and that all patients dying from this disease die from *lesion* of the brain. In an interview with Dr. J. H. Flint, of Springfield, Mass., I found he entertained a similar view of the disease. An allusion to his opinion was made a few years ago in your Journal. He had at that time examined eight persons dying from this disease. In all he found disease of the brain.

CASE I.—Nov. 1, 1845. I was hastily summoned to Ruth, aged 12 years, daughter of D. Green, of this place. I found her dying, under the following symptoms. Cold extremities; pulse scarcely perceptible, not able to count them; she was constantly *screaming* out, "tell father I cannot breathe." The breathing *seemed* to be carried on only by her voluntary efforts; complained she could not see. I did not know what was the matter with my patient, and could gather nothing from her previous history at this time. Dr. Usher Parsons, of Providence, was immediately called in consultation. We both considered her dying, and from what cause, we could not tell. She lived about ten hours; became comatose about four hours before death.

A *post-mortem* was requested and readily granted by the father. Present, Drs. Parsons and son, and Dr. Fletcher. The examination was skilfully conducted by the late Dr. Fletcher. There was not a trace of disease to be found in the thorax or abdominal cavities. The brain was *not* examined. After her burial I gathered the following history. She was less inclined to exercise than usual for several weeks; was inattentive to her studies, complained of her eyes, and headache; slight exercise produced hurried breathing; her appetite was voracious; *great thirst*; would sometimes drink four or five tumblers full of water at a time. Would take a large pitcher full of water into her chamber on retiring to bed, and during the night would pass a chamber vessel full of urine. I do not *know* that it contained sugar; but I have no doubt of it.

CASE II.—On Dec. 27th, 1847, I was requested to attend the autopsy of Mrs. Lord, by her attending physician, Dr. B. Carpenter. She died of diabetes mellitus. There were present Drs. Carpenter, Cleveland, Austin and Bonney. The history of the case was very correctly and well stated by her physician previous to the examination. I cannot give all the history of the case; but some of the symptoms for which she first consulted Dr. Carpenter were dimness of vision, dizziness, occasional vomiting, &c. She died comatose. All the organs in the abdomen and thorax were examined as carefully, and as thoroughly as we were able, and no disease was found. We then examined the brain. Here we found disease. The ventricles were distended with serum, and the brain generally, when cut into, appeared more vascular than natural; but the part most so, was that portion in the immediate vicinity of the restiform and olivary bodies.

Mr. McGregor, of Glasgow, has published in the Medical Gazette, some

interesting researches made by him in 1837. His experiments differed from those of Nicholas, Granville, and Wollaston. Mr. McGregor detected sugar in the serum of the blood, and in the contents of the stomach of a diabetic patient. He also found sugar in the saliva, and in the feces. We must conclude, then, that it is in the stomach, the sugar is found. But why does the stomach not perform its accustomed chemistry upon the food? Let us look a little further back. We suppose every organ to depend, for the proper performance of its function, upon the nervous influence imparted to it. Now then, if there is disease of some kind at the origin of the pneumogastric nerve, may we not safely infer, that diabetes is primarily an affection of the brain, and that there would be some derangement in the function of the stomach? These cases, so far as they go, would establish such a view of diabetes. I believe the disease to be comparatively rare in New England. If by this communication I should call the attention of the profession to the pathology of this disease, my object will be attained. I hope the brain will be carefully and minutely examined in all cases, and the history of every case faithfully recorded from the *beginning*.

Very respectfully, I am yours,
Pawtucket, R. I., Jan. 11, 1848.

S. CLAPP.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 12, 1848.

Anæsthetic Agents in Midwifery and Surgery.—By the last steamer, we received two pamphlets from Professor Simpson, of Edinburgh. One of them is an "Answer to the Religious Objections advanced against the Employment of Anæsthetic Agents in Midwifery and Surgery"; and the other, "Remarks on the Superinduction of Anæsthesia in Natural and Morbid Parturition, with cases illustrative of the use and effects of chloroform in obstetric practice." Both are the calm efforts of a profound philosophical reasoner, who displays as much ingenuity in a philological research into the exact sense of the Hebrew word translated *sorrow*, in relation to the declaration to Eve, that she should bring forth children in sorrow, as any branch of knowledge to which he has devoted his attention. It seems that the idea is taking root in Scotland, that it is morally wrong to prevent a woman from suffering in labor the full measure of the curse which is her appropriate due, as a descendant of the first transgressing female. This was the origin of one of the pamphlets.

Introductory Lectures.—We have received those of Prof. J. K. Mitchell, in the chair of the Practice of Medicine, Jefferson Medical College; Prof. Dunglison, of the same institution; and Prof. Mutter, also of that flourishing college; but have little space for comment and none for extracts. There is also before us, a memoir of Geo. McClellan, M.D., a lecture introductory to a course on the Theory and Practice of Physic, in Pennsylv-

vania College, by W. Darrach, M.D.; and another recently delivered by the well known Daniel Drake, M.D., of the University of Louisville, Ky., on "Some of the defects and infirmities of intellectual and moral character in students of medicine." Dr. McClintock's introductory lecture, which was published by the class at the Philadelphia College of Medicine, in which Dr. McClintock is a professor of anatomy, has been on hand several weeks. Dr. McC. evinces a minute acquaintance with this beautiful and useful science.

Poisons, in relation to Med. Jurisprudence.—This is a standard production, based on scientific authority that places it in the first rank of modern authorities. In England no work stands higher. The title runs thus: "On Poisons, in relation to Medical Jurisprudence, by Alfred S. Taylor, F.R.S., &c., of Guy's Hospital, &c.; edited, with notes and additions, by R. Eglesfield Griffith, M.D. Philadelphia, Lea & Blanchard." Law libraries would be quite as much enriched by this excellent and trustworthy guide, as medical—and the more extensively it circulates, the greater will be the advantages to society. While it goes deeply into the consideration of the most important questions in regard to the action of poisons—no minor matters seem to have escaped the vigilant research of Mr. Taylor. Dr. Griffith has been before the public on a former occasion, in a volume that will secure to him the meed of praise among people whose commendation is worth having, and we regard his sanction to Mr. Taylor's indefatigable researches, as important testimony in favor of their character.

Memoir of John Revere, M.D.—Dr. Valentine Mott recently delivered a biographical memoir of his associate in the University of New York, that exhibits the intrinsic worth of the lamented Prof. Revere, and the estimation in which he was held by those distinguished men with whom he had been officially connected. He was born in Boston, March 17, 1787, and studied medicine with Dr. James Jackson, of this city. For some time before his death, says the memoir, he was engaged in an extensive work on the Practice of Medicine, to the extent of about fifteen hundred pages, four hundred of which are printed, but no trace of its continuance in manuscript can be found. His successor in the chair of Theory and Practice of Medicine in the University, is Dr. Samuel H. Dickson, of Charleston, S. C.

Dr. Mott has executed an acceptable service, for which he will have the united thanks of the profession.

Bomb-Shell Pills.—A second note from Dr. Carr, of Goffstown, N. H., reminds us of the specimen of medicine he had the kindness to send, some time since, to the Journal; and we should have mentioned before this, that it was not supposed to be a compound of sufficient interest, to go through the process of a chemical analysis with a view of obtaining its exact ingredients. It might have been, as suggested, a preparation of mercury—and it might, too, be a valuable agent in the hands of the regular profession; yet in this section of New England, physicians are very slow to adopt any thing that has the smallest taint of quackery attached to it. The name of *bomb-shell* conveys an idea of an explosive missile, of rather too formidable a character for the human stomach, however well adapted to the be-

sieging of a walled town or a fortress. Still, should an opportunity present for a thorough investigation of the true character of the medicine, the result may be looked for in these pages.

Amputation of the Breast under the Influence of Chloroform.—We have just seen a letter from Dr. Flagg, of Philadelphia, in which, after stating that he had made a number of trials of the chloroform, for extracting teeth, with perfect success, and that "this indeed is *the letheon*," he says "I have lately administered the chloroform preparatory to an amputation of the breast. The operation was extended into the axilla—the incision twenty-two inches—the time twelve and a half minutes—patient entirely unconscious of what was taking place. The operation was performed by Dr. Gilbert, assisted by Dr. Grant. It is the first capital operation under the effect of the chloroform done in Philadelphia, and has given great satisfaction."

Hayden's Pneumatophora.—The whole instrument is of silver-plated metal, 5 1-2 inches long, consisting of an oval, flaring mouth piece (1), of sufficient size to include the mouth and lips; a slender tube 2 3-8 inches long, in which the usual valves (2 3) are placed; and a circular box (4) 1 6-8 inches long, and 1 3-8 inches in diameter, for enclosing a small bit of sponge. The sponge box has a moveable lid (6) over the end, to allow the sponge to be removed at pleasure. This lid is perforated to nearly its full diameter for the passage of air; and it has also a small tubular opening (5) above, to allow a fresh supply of chloroform when necessary, without removing the instrument from the mouth. The intermediate tube has a valve opening towards the mouth piece at 3, through which the vapor enters, and a valve opening outward at 2, through which the expired air escapes. This tube is continued through the mouth piece, so as to pass into the mouth.

Its advantages are, its portable size; the protection of the lips from the acrid properties of the chloroform, which sometimes produces blistering; the prevention, in a great degree, of evaporation from the sponge; the facility for replenishing the sponge; and convenience and safety with which it may be held in any position, so as to accommodate the patient in the recumbent posture. In dental operations, the tube entering the mouth from the mouth piece also ensures the operator of finding the jaws separated when he wishes to proceed to his operation. The inventor is Dr. G. G. Hayden, a surgeon-dentist, Tremont Street, Boston.

Paupers in Massachusetts.—According to the statistical returns from towns in this Commonwealth, to the Secretary of State, there are 7035 persons from Europe, who are supported in this state at the public charge. The whole number from England and Ireland, is 6383 — and 2501, arrived the past year, to be added to the former catalogue — 799 of them being thrown upon the city of Boston. In all, 18,717 paupers exist in Massachusetts — of whom 8703 are supposed to have been reduced



to their low condition by intemperance. There are included in the number supported at the public expense, 612 who are insane, and 377 idiots. The entire cost of supporting the whole, one year, including interest on almshouses, is \$347,411 19.

Home for Invalids.—It is due to the reputation of Dr. A. H. Wilder, who has had long experience in the management of the insane and others who require the vigilant oversight of a skillful physician, in combination with agreeable and convenient apartments, pleasant associations, &c., that a notice should be given of his new establishment. He is now located at the beautiful town of Northampton, Mass., and in readiness to receive patients. The references given by Dr. Wilder in Boston and New York, are of the most satisfactory character, and we trust that his efforts may be appreciated by an intelligent community.

Funeral of Mr. Liston.—The remains of this distinguished surgeon were interred at the Highgate cemetery, December 10th. The different professors of the medical faculty of University College attended in their robes, and the present and past students of the College, to the number of about five hundred, attended the funeral, to pay the last tribute of respect to their colleague and teacher. The students were most anxious to have made a more public demonstration of their esteem; and it was only after repeated unsuccessful applications, and in deference to the feelings of Mr. Liston's friends, that a public procession was not made from the College. The use of Highgate church was kindly lent by the vicar for the performance of the burial service.—*London Lancet.*

Medical Miscellany.—A gentleman, lately deceased at Philadelphia, left an estate worth \$100,000, to be divided between the Pennsylvania Hospital and the Institution for the Blind, after the death of certain annuitants.—The physician who enjoys the largest practice in London, in his last returns for the income tax, states his professional earnings at £33,000, and several other physicians made returns varying from £15,000 to £5,000.—The Irish famine caused the death of one hundred and fifteen thousand one hundred and twenty nine persons, according to Mr. Grattan, a member of Parliament.

TO CORRESPONDENTS.—Communications have been received from Drs. M. Clarke, L. Aldrich, J. H. Eldredge, J. L. Chandler, and G. Colburn.

DIED.—At Springfield, Mass., Dr. Wm. W. Billings, 31.

Report of Deaths in Boston—for the week ending Jan. 23d. 76.—Males, 44—females, 32.—Stillborn, 8. Of consumption, 8—typhus fever, 20—lung fever, 5—debility, 1—intemperance, 2—marasmus, 1—old age, 1—infantile, 6—accidental, 2—apoplexy, 1—croup, 5—anaemia, 1—inflammation of the throat, 2—inflammation of the lungs, 3—dysentery, 1—dropsy on the brain, 3—dropsy on the chest, 1—disease of the liver, 1—disease of the brain, 2—disease of the heart, 2—convulsions, 2—dropsy, 1—smallpox, 1—diarrhoea, 2—scarlet fever, 1—brain fever, 1.
Under 5 years, 25—between 5 and 20 years, 15—between 20 and 40 years, 23—between 40 and 60 years, 9—over 60 years, 4.

Treatment of Burns.—Relative to the local treatment of burns, the two surgeons of St. Louis Hospital use widely different therapeutic agents. Thus, Jobert employs, as a general method, whatever may be the degree of the burn, refrigerants; covering the wounded surfaces with a greased piece of linen, upon which he afterwards applies bladders filled with ice. By this method he proposes to obtain, 1st, the mitigation of the acute pain incident to burns; 2d, the diminution or prevention of the consecutive inflammatory reaction; 3d, the diminution of the suppuration which precedes and follows the fall of the eschars; 4th, and finally, the more rapid cicatrization of the wounds. It is necessary to remark, however, that there are cases in which the employment of ice is contra-indicated; as for instance when the patient presents complication on the part of the thorax, or even a predisposition to pulmonary diseases; when the burns, situated on the chest or the posterior part of the trunk, are of very great extent; in which latter case the dorsal decubitus will be impossible, and in the other case we should aggravate pulmonary affections, or favor their development. Finally, ice should not be employed during the period of catamenial discharges. Besides these there are, of course, other circumstances which render the use of ice inadvisable, to which, however, it is unnecessary to allude.

Malgaigne, on the other hand, prefers to the employment of ice the use of the oleo-calcareous liniment and carded cotton. He associates these two means, because the application of the cotton alone does not calm with sufficient promptness the pain, nor the liniment alone protect the injured surface from friction, as of the bed-clothes, for instance. After the example of Velpeau, Malgaigne employs a liniment composed of equal parts of olive oil and lime water. M. Miguel, who seems to have occupied himself especially with this subject, prefers the following preparation: oil of sweet almonds, one part; lime water, two parts. Malgaigne, in employing the former liniment and dressing, thinks that he obtains especially, the diminution, and in some cases even the cessation, of the pain. Doubtless there are cases in which ice would be applicable, and probably more efficient than the liniment and carded cotton; and there are other cases, again, where ice could not be used, and the liniment and cotton would be of service. There is no question in my mind that both means possess considerable value.—Dr. YANDELL, in *Western Journal of Medicine and Surgery*.

A new Wax-holder for taking impressions of the Mouth.—We are indebted to G. F. J. Colburn, Dentist of Morristown, N. J., for an improved wax-holder, for taking impressions of the mouth, which he has had the kindness to send us, and for which, we tender him our thanks. We have not yet had an opportunity of using it, and cannot, therefore, speak from experience of its advantages. The difference between it and those in common use is, that it has two rims attached to the outer margin of the plate, and instead of describing a half circle, its extremities are turned out. The outer rim is intended to protect the wax against injury from the cheeks and corners of the mouth in removing the impression. The author of this improvement says, he has often succeeded in procuring an accurate impression with this frame, after having failed with those in common use.—*American Journal of Dental Science*.

